

RECEIVED

AUG 02 2002

COPY OF PAPERS  
ORIGINALLY FILED

1646

Please type a plus sign (+) inside this box →

+ TECH CENTER 1600/2900

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

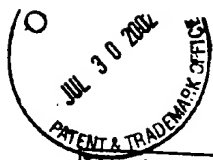
<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/775,743
	Filing Date	02/02/2001
	First Named Inventor	L. Tchistiakova
	Group Art Unit	1646
	Examiner Name	O. Chernyshev
	Attorney Docket Number	082181-36154
Confirmation Number : 9394		
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Postcard; Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Diane L. Ferrone, Registration No. 36,135 Gibbons, Del Deo, Dolan, Griffinger & Vecchione
Signature	<i>Diane L. Ferrone</i>
Date	07/22/2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 07/22/2002	
Typed or printed name	Tracie Calderone
Signature	<i>Tracie Calderone</i>
Date	07/22/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPERS  
ORIGINALLY FILED

12/3

I hereby certify that this correspondence (and any paper or fee referred to as being transmitted herewith) is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to ASSISTANT COMMISSIONER OF PATENTS, WASHINGTON, D.C. 20231, on

July 22, 2002  
(Date of Deposit)

Procin Calderoni 7/22/02  
(Signature and Date)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

RECEIVED

In re Patent Application of:  
Tchistiakova, et al.

Group Art Unit: 1646

AUG 02 2002

Serial No.: 09/775,743

Examiner: Chernyshev, Olga N.

TECH CENTER 1600/2900

Filed: February 2, 2001

For: LIGAND FOR VASCULAR :  
ENDOTHELIAL GROWTH :  
FACTOR RECEPTOR

Assistant Commissioner of Patents  
Washington, D.C. 20231

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Office Action dated June 20, 2002, please cancel claims 25-41 and substitute with the following claims 42-55.